



# OSHNA NEWSLETTER

Editors: Sandi Chicowlas & Sandy Leipheimer

January 2009

## *From the President. . .*

*Margaret Barry*

OSHNA is the sum total of its membership. Without each individual member, we would not exist. The issues the Board of Directors address, come from our membership. Additionally, our Board of Directors is elected by the membership. Those individuals are recognized as nurse leaders within our nursing community. At the upcoming Annual Membership meeting, March 12, 2009, we will hold elections for the next year. This is how the Board of Director positions stand:

**Immediate Past President:** Current President, Margaret Barry, will move to this position.

**Current President:** President-elect, Vicky Kyte, will move into this position

**President-elect:** This is a three-year position.

**NASN Director:** This is a four-year position and the incumbent, Susette Soria, will be in her second year.

**Secretary:** This is a one-year position. The incumbent may run for another term.

**Treasurer:** This is a two-year position. The incumbent may run for an additional term. (*Please note: Because our Bank account is with an American military bank, the Treasure must hold a military/military dependent/DoD civilian ID card.*)

OSHNA Bylaws, Article I-Duties of the Officers:

### Section III. The President-elect shall:

1. Act in the absence of the President
2. Assist the President in all duties.
3. Assume the position of President the following year.
4. Chair the General Conference Planning Committee and/or appoint a Conference Coordinator who would collaborate with the President-Elect on issues pertaining to the conference planning.

### Section V. The Secretary shall:

1. Record all minutes of the Executive Committee and Annual Membership meetings.
2. Maintain files.

3. Represent the Association in all correspondence approved by the Board of Directors.
4. Provide a copy of Executive Committee and Annual membership meetings minutes to all members.

### Section VI. The Treasurer shall:

1. Oversees and reimburses the funds of the Association upon authorization from the Executive Committee.
2. Keep accurate records of receipts and reimbursements. Report on these records at each Executive Committee and Annual Membership meeting.
3. Prepare the annual financial report to be audited.
4. Prepare a working budget with the President to present to the Executive Committee for the upcoming year. Budget is approved by a simple majority of the Board of Directors.

There are several standing and/or long-term committees, as well as committees selected by the current administration. Individuals may also volunteer their expertise. These committees include, but are not limited to:

Legislative  
Standards  
Parliamentarian  
Publicity  
Newsletter  
OSHNA Digest  
Web Master  
Historian

**\*\*We have been experimenting with "Skype" at our**

**Board meetings for Board members who are unable**

**to attend. This has been working for us, so please do**

**not let distance be a factor as you decide to join us on**

**the OSHNA Board. We are becoming more**

**Global.\*\***

## *As belts tighten ~ Nurses take ACTION*



Lisa Okroi, Janean Linder, and Margaret Barry, with Victoria Kyte on SKYPE, for the December OSHNA Board meeting. . . Nurses are noted for their ingenuity, and the economy has not deterred OSHNA. SKYPE is the beginning of a changing “tide” for DoDDS and the organization, and nurses are on the cutting edge. The OSHNA Board has begun utilizing SKYPE, to meet the needs of a down-turned economy, as well as providing for the global nature of the organization. This is the wave of the future on how the organization will meet and plan. No need to be near to participate fully!

### **National Association of School Nurses (NASN) Partners With Healthy Interactions to Advance Childhood Health Education**

Marks Expansion of Innovative Conversation Map®  
Methodology Into New Arena

SILVER SPRING, MD AND CHICAGO ,  
December 08, 2008 – The National Association of School Nurses (NASN), the leader in advocacy for student health and the professional development of school nurses, and Healthy Interactions, a global leader in health education, today announced the beginning of a 5-year partnership. The collaboration will drive development and distribution of in-school

educational programs addressing important health issues including childhood obesity prevention, living with asthma, dealing with peer pressure and depression, hygiene and living an active lifestyle. The agreement represents the expansion of Healthy Interactions innovative, Conversation Map learning methodology, which has been widely used in healthcare settings, to the school arena as a healthy schools program.

The Conversation Map approach uses the power of small group dialogue and collaborative learning to improve health. Through this method, groups of children engage in a discussion about a disease or subject, recognize how their beliefs or attitudes affect their perceptions, and discover ways they can change behavior and improve their personal health management. Healthy Interactions Conversation Map tools have been widely used in North America since 2005, dramatically improving healthcare professionals’ ability to engage patients and support behavior change.

“The Conversation Map tools are revolutionizing health education”, said Amy Garcia, RN, MSN, executive director, National Association of School Nurses. “Given some of the pressing challenges facing our youth, we are excited to be partnering with Healthy Interactions to bring this new approach into our schools. We fervently believe that together we will bring around meaningful change in the lives of students and their families.”

“We couldn’t think of a stronger partner than the National Association of School Nurses to positively impact the lives of school children. Most health behaviors are learned during childhood and adolescence, so it goes to reason that we teach young people about the habits that will help reduce the rising incidence of chronic disease that is dramatically impacting our youth. Together with NASN, and through our collaborative partnerships with other leading medical and disease associations, we are committed to helping school children and their families achieve a healthier life,” said Andrew Leong-Fern, co-founder, Healthy Interactions.

Organizations that are interested in sponsoring this effort should contact Healthy Interactions.

The healthy schools program will build on the success of Healthy Interactions Conversation Map program for diabetes. Through a partnership with the American Diabetes Association, the Conversation Map methodology has been successfully implemented

for diabetes education across the U.S. More than 14,000 healthcare professionals have been trained on the Conversation Map program in North America , and by the end of 2008, it will be integrated into the diabetes management platforms of 36 countries, impacting over three million people worldwide.

## *What: OSHNA CONFERENCE*



*When: March 12 & 13, 2009*

*Where: Garmisch, Germany*

*Theme: "Current Issues & Trends in School Nursing"*

*OSHNA Conference Deadline for Registration with a late fee,  
Feb. 1, 2009.*

- Base your assessment and interventions on guidelines and references commonly accepted in your area of practice.
- Request a referral or consultation, if the history and assessment suggests a possible condition that you have never provided care for in the past.
- Document carefully so your actions are justified and your process of nursing decision making is discernable to an outside evaluator.
- If you are able to purchase your own insurance coverage you should purchase an "occurrence" policy and not a "claims made" policy: With an "occurrence" policy, if you are sued years after the incident, you are covered as long as your premiums were paid at the time the incident occurred. With a "claims made" policy, you are covered only if you have continued to pay premiums every year since the incident occurred.

Understanding your scope of practice based upon the nurse practice act in the state in which you are licensed, will help you safely develop your role in the school setting. Furthermore, actions and interventions should always be based upon "best practice" and clinical guidelines accepted within the national nursing community. The Lone Ranger is best kept as a TV series and not the motto of your nursing practice! Away!

Reference:

Medscape from *Dermatol Nurs.* 2008;20(5):405-406. ©2008 Jannetti Publications, Inc.

Web Address :

<http://www.medscape.com/viewarticle/582795>  
1 retrieved 20 November 2008

## ***How to Avoid a Malpractice Lawsuit***

Compiled by Sandy Leipheimer, APRN  
SLES NAF Atsugi Japan

The biggest fear for most health care providers is being involved in a malpractice case. Although we work within a unique system, we are still vulnerable to suits involving our nursing care. The following guidelines are relevant to our role within schools and serving our families within the school community.

- Do not establish a duty to a patient when you don't have to.
- Do not offer services or advice to individuals outside the work setting, and don't perform services that are not called for by your job and by the standard of care.
- Do not offer advice, diagnosis, intervention, or treatment outside the scope of your practice and expertise.

## ***About our MEMBERS***

*Julie Minich-Castro*

The European Council of International Schools met in Nice, France during the month of November 2008. One of our OSHNA/NASN nurses was selected as guest speaker. Julie Minich-Castro from Heidelberg Middle School gave two presentations. She talked about ongoing wellness programs that she coordinates in the Heidelberg District. After school she organizes fitness programs for youths, soldiers, parents, DoD employees, pre- and post-operative patients and breast cancer survivors. Referrals come

from health care providers, parents, commanders and students themselves. The services are provided at no charge to the participants. She only asks that the members “Pay It Forward”. She encourages the group members to find a volunteer opportunity they feel would benefit from their contribution. She also encourages participants to tell on themselves for what they have done right.



Thank you, Julie, for your incredible service to your community!

*Sandy Leipheimer*

**NEA Recognizes Pacific Area Team Members for “Good Start” Award in Indoor Air Quality Program implementation!**



**Yvonne Brown and Sandy Leipheimer (right) at the EPA Symposium in Washington, DC.**

Sandy Leipheimer, School Nurse ~ Shirley Lanham ES NAF Atsugi and Yvonne Brown, Educator ~ Kadena ES Okinawa, accepted an award from NEA Health Information Network (HIN) Senior Project Coordinator, Jennie Young, at NEA HQ in Washington, D.C., on 3 December 2008. Sandy has served as the team leader for the “Far East Air Heads” for the last year. She attended the 2007 EPA Symposium on Indoor Air Quality in Schools, as grant winners for the funded NEA training in conjunction with the annual EPA Symposium. Sandy provided the follow-up documentation over the past year about the team efforts, actions, successes, and road blocks experienced after attempting to implement an IAQ program in local schools. Sandy and Yvonne were selected to receive this year’s HIN award based upon the actions of their team over the past year. Sandy presented a 15 minute presentation to the NEA members at the pre-symposium training that highlighted the unique issues faced by members in the Pacific. Sandy and Yvonne have developed briefings for staff and community members that explain the potential impact of poor indoor air quality on student and staff performance. Measures that can improve working/learning conditions are also included. Feel free to contact Sandy at [sandra.leipheimer@pac.dodea.edu](mailto:sandra.leipheimer@pac.dodea.edu) for more information! You can also check out the EPA “Tools for Schools” program and kit by going to the EPA web site. The kits can be ordered for free through the EPA.



**Yvonne Brown and Sandy Leipheimer, accept their award from Jennie Young (center), Senior Project manager. Congratulations!**



**Red Ribbon Week at Rota Elementary School,  
Rota, Spain.  
Submitted by Barbara Urra, School Nurse**

This year's Red Ribbon Campaign at DGF Rota theme was: Better things to do than Drugs! Due to the Base Wide Drill we celebrated it this year from October 27-30, 2008.

1. Dare did infomercials on the radio during that week about Alcohol and Drugs.
2. We had a Door Decorating Contest with the theme: Better things to do than drugs.
3. There was daily drama skits by the High School Drama Class put on the schools common drive.
4. Interested kids did art and multimedia displays for the Multipurpose Room.
5. Elementary kids received "Better things to do than drugs" silicon bracelets (thanks to the PTSA) and ribbons.
6. The School Fence was decorated with red cups saying "NO DRUG ZONE."

The winners of the Red Ribbon Week Door Contest were:

- First Prize: Traveling Trophy went to Mrs. Thompson's First and Second Grade Class.
- Second Prize: Ms. Vlahakis' Fourth Grade Class
- Third Prize: Mrs. Segovia's Sixth Grade Class
- Fourth Prize: Ms. Norris' First Grade Class

Yes, our Rota students, have better things to do than Drugs!



**Mr. Bones and students from Aukamm  
Elementary School  
Submitted by Janis Gustafson, School Nurse**

Mr. Bones is the health office mascot. He is picture d here dressed for mismatched day in celebration of Red Ribbon Week. Mr. Bones makes frequent appearances on Spirit Day and other school celebrations like Fasching. He passes on safety and health related messages. All the students enjoy seeing him outside the health office door.



**9th Annual  
International School Nurses of Asia  
Conference**

An EARCOS-Sponsored Event  
Shanghai American School, China  
March 26th- 28th, 2009

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